

ESTATE PLANNING

Client Questionnaire

I. PERSONAL AND EMPLOYMENT INFORMATION

1. **PERSONAL** Husband's Name: (First) (Middle) (Last) Wife's Name: (First) (Middle) (Last) Address: Home Phone: Husband Wife Cell Phone: Email Address: Date of Birth: Social Security No.: Driver's License No.: U.S. Citizen: If No, Country? Buried/Cremated Location: Marriage Date: Is there a premarital or postmarital agreement? Yes _____ No _____ Have you or your spouse been married before? Yes _____ No ____ Husband: Wife: Yes No If yes, please answer the following questions: Prior Spouse's Name: County of Divorce: _____ Year of Divorce: _____

Do you have any payment obligations either to your former spouse or to children of the prior marriage embodied in any court decree or written agreement? If so, please provide copies of the documents.

2. CHILDREN

(If any child listed below is not a child of your present marriage, please place an asterisk beside that child's name and furnish any additional information on the reverse side of this sheet. Please indicate if any of your children are adopted. Please note if any child is a special needs child. Please use the back of the sheet if more space is necessary.)

| | <u>First Child</u> | Second Child | |
|-------------------|--------------------|--------------|--|
| Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| m 1 1 | | | |
| DOB: | | | |
| | | | |
| | Third Child | Fourth Child | |
| Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Telephone: | | | |
| DOB: | | | |
| | | | |
| | Fifth Child | Sixth Child | |
| Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| | | | |
| DOB: | | | |

II. FIDUCIARY APPOINTMENTS

A. AGENTS:

These individuals will act on your behalf during your inability or incapacity. The individuals listed will be included in your Will, Trust, Power of Attorney, Medical Power of Attorney, HIPAA Waiver, Burial Directive, and Declaration of Guardian. Common practice is to list your spouse are your primary and 3 alternative agents.

| | | <u>Husband's</u> | | <u>Wife's</u> |
|----|-------------------|------------------|---|---------------|
| 1. | Name: | | _ | |
| | Address: | | _ | |
| | City, State, Zip: | | | |
| | | | | |
| | Relationship: | | _ | |
| | | | | |
| 2. | Name: | | _ | |
| | Address: | | _ | |
| | City, State, Zip: | | | |
| | Dhamai | | | |
| | Relationship: | | _ | |
| | | | | |
| 3. | Name: | | _ | |
| | Address: | | _ | |
| | City, State, Zip: | | | |
| | Phone: | | | |
| | Relationship: | | _ | |

III.OTHER

| 1. | How would you like your estate to be distributed? |
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IV. COMMON ESTATE PLANNING TERMS DEFINED

Executor: This person is appointed by you to carry out the directions and requests in your will, and to dispose or your property according to your testamentary provisions. This will normally be your spouse or a close family member. Your Executor has the responsibility to file your Will for probate; collect assets and pay all claims, expenses and taxes; distribute your property to your heirs or trustees; and in general to wind up your affairs.

Trustee: This is the person you designate to administer a trust, normally the same person as your Executor. Your Trustee will have responsibility for the long-term management of property held in trust for beneficiaries designated by you. In a strict sense, a 'trustee' is one who holds the legal title to property for the benefit of another, while, in a broad sense, the term is sometimes applied to anyone standing in a fiduciary or confidential relation to another, such as agent, attorney, bailee, etc.

Agent: a power of attorney confers upon an agent the authority to perform certain specified acts on behalf of a principal Depending on the acts to be performed, this appointment will normally be your spouse, followed by a close family member or personal friend.

Guardian: a guardian is a person lawfully invested with the power, and charged with the duty, of taking care of the person, and managing the property and rights of another person, who, for defect of age, understanding, or self-control, is considered incapable of administering his own affairs. A guardian is also a person who legally has the care and management of the person, or the estate, or both, of a child during its minority.

Medical Power of Attorney: This document grants your agent the power to make health care decisions for you if you are unable to do so. Your agent will have the authority to make a broad range of decisions concerning your medical treatment but only if your physician has certified that you lack the capacity to make such decisions yourself.

Declaration of Guardian: A declaration of guardianship gives you the ability to designate those persons who you specifically want to serve as your guardian should you need one. You may also designate specific persons who you do not want to serve as your guardian. Although the Power of Attorney as well as the Durable Power of Attorney for Health Care are both designed to prevent guardianships, a guardianship may still be necessary. The "guardian of the person" handles personal care matters, while the "guardian of the estate" takes care of financial matters. Whom do you want to name as your guardian? Is there anyone you do not want to serve as guardian under any circumstances?

HIPAA Waiver: A HIPAA WAIVER allows you to name individuals to whom your health care providers are authorized to release medical information concerning you. Please list any individuals you want to name in this document other than the persons you name on your Medical Power of Attorney. (We will automatically include those persons in this document.) Also, please give the <u>address</u> and <u>telephone number</u> for each person named, unless that information is already provided elsewhere in this Questionnaire.

Burial Directive: A burial directive describes your final disposition wishes. You choose between being buried or cremated in addition to any specific requests you may have.